



In an effort to support providers in preparation for attesting to Meaningful Use (MU), please refer to the checklist below.

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**Be prepared with the following documentation before you begin the attestation process:**

***NOTE: ALL DOCUMENTS MUST BE SAVED IN PDF FORMAT FOR UPLOADING***

- ☐ KHIE Participation Agreement, ALL appropriate addendums for public health measures, Meaningful Use Confirmation Form and/or Go-Live Approval Forms. ALL forms must be signed prior to the MU reporting period end date.
- ☐ Meaningful Use reports for the qualifying 90-day period for each individual professional in your office attesting.
- ☐ Individual Provider NPI number and EHR Incentive Program Registration Tracking ID number (assigned upon registration at CMS) used to log into website to submit attestation.

☐ Payment Reassignment document:

As per the Final Rule, which regulates the Medicaid EHR Incentive Program, identifies the program as an individual professional program. Therefore, any incentive awarded in the form of incentive monies to eligible professionals will hold the individual professional responsible for any and all taxes due on the awarded incentive payment. The tax responsibility is identified by the applicant's individual TIN number on the attestation, which will generate a form 1099 to the individual professional regardless of any reassigned payment to any other professional or entity.

As a professional courtesy, documentation is required for all eligible professionals that attest for incentive payments through the Kentucky Medicaid EHR Incentive Program. This is required for all providers that reassign payment to any entity other than themselves.

Documentation must be uploaded to the attestation in the form of a signed agreement indicating they are permitting their monies to be reassigned. The agreement shall be on the entities clinic or group letterhead, renewed each payment year and to include all information below:

- Name of eligible professional (EP) participating in the incentive program
  - NPI of EP participating in the incentive program
  - Program Year and Payment Year EP agrees to reassign incentive monies
  - Name of clinic or group payment will be reassigned to
  - NPI of clinic or group that payment will be reassigned to
  - TIN of entity that payment is to be reassigned to
  - Signed and dated by EP
  - Signed and dated by authorized representative of entity receiving incentive payment on behalf of the EP
- ☐ Patient volume report for the 90 day reporting period you are attesting to. A patient volume report form is available on our website at: <http://chfs.ky.gov/dms/EHR.htm>. When requesting a KCHIP report, if applicable, allow adequate time for receipt ***before*** attesting.
- ☐ Signed Vendor Contract, Invoice or Purchase Order (documentation must be a legally binding contract) with current software version number listed to support the CEHRT ID.